

TITLE I REPORT (Neglected or Delinquent Programs)

SOUTH DAKOTA PROJECT YEAR 2001-2002

PROGRAM IDENTIFICATION:

LEGAL NAME OF AGENCY:	STREET ADDRESS:
CITY:	COUNTY: ZIP:

NAME AND TITLE OF PERSON COMPLETING THIS REPORT:	SCHOOL PHONE:	HOME PHONE:
---	----------------------	--------------------

PART I

A.

Number of schools in LEA:	
Number of schools operating Title I programs:	

B. Please indicate (X) each Title I service delivery option used during the 2001-2002 school year:

	READING RECOVERY	PULL OUT	IN CLASS	BEFORE AFTER	OTHER EXTENDED	REPLACE MENT	OTHER _____	OTHER _____	OTHER _____
Neglected									
Delinquent									

PART II. TITLE I STUDENT PARTICIPATION IN REGULAR SCHOOL YEAR

(Give the number of Title I participants during the regular term)

A. ELIGIBILITY, GENDER AND ETHNICITY		
	TOTAL	
Indicate the number of students eligible		
PARTICIPANTS BY GENDER:		
MALE		
FEMALE		
	TOTAL	*
PARTICIPANTS BY RACIAL/ETHNIC GROUP:		
AMERICAN INDIAN/ ALASKAN NATIVE		
ASIAN OR PACIFIC ISLANDER		
BLACK (NOT HISPANIC)		
HISPANIC		
WHITE (NOT HISPANIC)		
	TOTAL:	*

[* These two TOTALS found in boxes : should agree.]

B. PARTICIPATION BY GRADE LEVEL		
GRADE LEVEL	NEGLECTED	DELINQUENT
K		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Nongraded		
TOTALS:		

C. PARTICIPATION BY SPECIAL SERVICE GROUP	
Number of Title I participants with handicapping conditions also served in special education programs	
Number of Title I participants also served in LEP or ESL programs	
Number of Title I participants served in a program funded for migrant students	
Number of adults receiving family literacy from Title I funds	
Number of homeless children served	

D. TITLE I PARTICIPANTS DURING REGULAR TERM BY TYPE OF SERVICE		
Service Area	Neglected	Delinquent
INSTRUCTIONAL		
Reading		
Other Language Arts (Not Above)		
Mathematics		
Preschool		
Reading Recovery		
Other (Specify)		
Other (Specify)		
Other (Specify)		
SUPPORTING		
Guidance/Counseling		
Social Work		
Health/Dental		
Nutrition		
Pupil Transportation		
Other (Specify)		
TOTALS		

PART III: TITLE I FUNDED STAFF INFORMATION

A. Give the number of staff employed in Title I during the regular term. Report in full-time equivalents (FTE) by job classification.	
JOB CLASSIFICATION	FULL-TIME EQUIVALENTS
Administrators	
Teachers	
Teacher Aides/Paraprofessionals	
Staff Providing Support Services (Non-Clerical)	
Clerical Staff	
Other (Specify)	

B. Provide the following information for aides working in the Title I program. (Body counts, not FTE).	
Number of Title I aides who have either a high school degree or a GED	
Number of Title I aides with college degrees	
Number of Title I aides receiving either a high school degree, a GED or a college degree in the past year	

STATEMENT OF ASSURANCES:

I certify that, to the best of my knowledge and belief, this report is true and correct in all respects; all information asked for is provided to the best of our ability; and that supporting documentation for all entries have been retained and will be made available to State Department Personnel upon request.

Building or District Administrator

Date Signed

Title I Teacher

Date Signed

Classroom Teacher

Date Signed

Other-(Specify)

Date Signed

Authorized Representative

Date Signed

Due Date: June 1, 2002
Send Completed form to:
Terri Cordrey
Office of Technical Assistance
700 Governors Drive, Pierre, SD 57501-2291

Thank you